

# STATE EMPLOYEES' LEAVE BANK REQUEST FORM

To Be Completed by the Agency of the Requesting Employee

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMPLOYEE HOME ADDRESS: \_\_\_\_\_

AGENCY: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

AGENCY CONTACT PERSON: \_\_\_\_\_ AGENCY CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

LAST DAY WORKED AS A RESULT OF CURRENT IMPAIRMENT: \_\_\_\_\_

HOURS REQUESTED: \_\_\_\_\_ EFFECTIVE DATE OF THIS REQUEST: \_\_\_\_\_

## EMPLOYMENT RECORD - *Applicable to Leave Bank Request (ONLY)*

Has the employee been on a one-day sick leave restriction within the last two calendar years?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, indicate date. \_\_\_\_\_

Has the employee received disciplinary action within the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

What was the last Overall Performance Evaluation rating? \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR RECOMMENDATION: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval

AGENCY SIGNATURE \_\_\_\_\_

AGENCY RECOMMENDATION: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval

## CERTIFICATION BY TIMEKEEPER OR APPOINTING AUTHORITY OF EMPLOYEE REQUESTING LEAVE FROM THE BANK

I, hereby certify as the timekeeper/appointing authority for \_\_\_\_\_  
that I have reviewed the leave and personnel records of the above referenced employee, and  
affirm that the information contained on this form is true and accurate. The requested leave does  
not exceed a total of 2080 hours of leave from the Leave Bank and Employee-to-Employee  
Leave Donation Programs and when combined with all other forms of paid leave does not  
exceed 16 months.

\_\_\_\_\_  
Signature of timekeeper/appointing authority

\_\_\_\_\_  
Date